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|  |          | Effecti                          |                                      |                               |                      |                  |                   | <u>ـــــ</u>    |                        | /- (       |                     |                        |
|--|----------|----------------------------------|--------------------------------------|-------------------------------|----------------------|------------------|-------------------|-----------------|------------------------|------------|---------------------|------------------------|
|  |          | CLAIMS AS                        | FILED - PART I (Column 1) (Column 2) |                               |                      | mn 2)            | SMALL ENTITY TYPE |                 |                        | OR         | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS                                   |          |                                  |                                      |                               |                      |                  | R/                | TE              | FEE                    | ]          | RATE                | FEE                    |
| FOR  |          |                                  | NUMBER FILED NUMB                    |                               |                      | ER EXTRA         | BASI              | BASIC FEE -375. |                        | OR         | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |          |                                  | <b>Q</b> ( minus 20= •               |                               |                      |                  | XS                | X\$ 9=          |                        | OR         | X\$18=              |                        |
| INDEPENDENT CLAIMS                             |          |                                  | minus 3 =                            |                               |                      |                  | X42=              |                 |                        | ОВ         | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM P                     |          |                                  | RESENT                               |                               |                      |                  | +1/               | +140=           |                        | OR         | +280=               | <b>-</b>               |
| If the diff                                    | erence   | in column 1 is                   | less than ze                         | ero, ente                     | r <b>"0"</b> in c    | xolumn 2         | <u> </u>          | TAL             | <del> </del>           | OR         | TOTAL               | . 7                    |
| _  |          | LAIMS AS A                       |                                      |                               |                      |                  |                   |                 |                        | <b>J</b> o | OTHER               | THAN                   |
| <u>D</u>                                       |          | (Column 1)                       |                                      | (Colu                         | ກກ 2 <u>}</u>        | (Column 3)       | SM                | ALL             | ENTITY                 | OR         | SMALL               | ENTITY                 |
| N IN   |          | CLAIMS REMAINING AFTER AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | . PV              | TE              | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAI<br>FEE |
| Total  | ·        | . 19                             | Minus                                | -2                            | 0                    | =                | X\$               | 9=              | ľ                      | OR         | X\$18=              | l                      |
| Total Indepe                                   | 1        | • Ц                              | Minus                                | *** \                         | I                    | =                | X                 | 2=              |                        | OR         | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |          |                                  |                                      |                               |                      | . +1             | 40=               |                 | OR                     | +280=      |                     |                        |
| /  | ;<br>~/  | /                                |                                      |                               |                      |                  | ADDI              | OTAL            |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
| 10.14  | <u>W</u> | (Column 1)                       |                                      | (Colυ                         |                      | (Column 3)       | • —               |                 |                        | _          |                     |                        |
| NT B   |          | CLAIMS REMAINING AFTER AMENDMENT |                                      | HIGH<br>NUM<br>PREVI<br>PAID  | IBER<br>OUSLY        | PRESENT<br>EXTRA | FV.               | ΙΈ              | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAI<br>FEE |
| Total  |          | . 17                             | Minus                                | •• 6                          | 30                   | 3                | XS                | 9=              |                        | OR         | X\$18=              | /                      |
| Total Indepe                                   |          | . 4                              | Minus '                              | ***                           | 4                    | =                | ]   X4            | 2=              |                        | OR         | X84=                |                        |
| FIRST  | PRESE    | NTATION OF MI                    | JLTIPLE DEJ                          | PENDEN                        | CLAIM                |                  | ]                 | <br>10=         |                        | OR         | +280=               |                        |
| 118/14   | fi 17    |                                  |                                      |                               |                      |                  | Щ,                | OTAL            |                        | OR         | TOTAL               | -                      |
|  | , ,      | (Caluma 1)                       |                                      | (Colu                         | mn 2)                | (Column 3)       | ADDI              | r. FEE          |                        |            | ADDIT/FEE           | L                      |
|  |          | (Column 1)<br>CLAIMS             | 100                                  | HIGH                          | IEST                 |                  | וֹ ר              |                 | ADDI-                  | 1          |                     | ADDI-                  |
| Total Indepe                                   |          | REMAINING<br>AFTER<br>AMENDMENT  |                                      | PREVI                         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R/                | TE              | TIONAL                 |            | RATE                | TIONA<br>FEE           |
| Total  |          | •                                | Minus '                              | **                            |                      | =                | XS                | 9=              |                        | OR         | X\$18=              |                        |
| 2 -  |          | •                                | Minus                                | ***                           |                      | 0                | ] X               | 2=              |                        | OR         | X84=                |                        |
| Indepe   |          | ACTATION OF M                    | ULTIOL C OF                          | DENDEN                        | T CI AIM             |                  | 1 1               |                 | <u> </u>               | ᄱ          |                     | 1                      |
| Indepe   | PRESE    | NTATION OF M                     | OCTIPLE DE                           | PENDEN                        | . 00                 | <u>'</u>         | , [               | 10=             | i                      | OR         | +280=               | 1                      |

Application or Docket Number